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200.1 Application Process

The application process for Public Assistance to Adults (PAA) follows the procedures outlined in COMAR 07.03.01, Application for Public Assistance.

- A. Allow an individual requesting PAA or on whose behalf a request is made the opportunity to apply.
- B. Because of age or incapacitation, many PAA applicants will be unable to come to the agency and apply in person. Offer applicants reasonable accommodation to enable them to access the programs they need.
- C. Family members, personal representatives, or operators of facilities or their staff may request PAA on behalf of an applicant.
- D. Give applicants or their representatives information about PAA program coverage and about their rights and responsibilities.
- E. PAA benefits may be issued via Electronic Benefits Transfer (EBT) or a check.
- F. PAA applicants or their representatives apply in the local department of social services in the jurisdiction of intended residence.
- G. In cases involving release from the hospital into a facility, the application may be accepted and eligibility determined prior to the individual's release (if all information and verification required for determining eligibility are available).
 - The first grant may be issued to the recipient in the hospital provided all needed verifications have been received and eligibility has been established. This will give the individual funds to pay for his or her care in the community.
 - 2. If not issuing the benefit via EBT, mail all subsequent checks to the community address.
- H. Family Investment case managers must make every effort to protect the interests of a PAA applicant and help the customer to work through the application process. Hospital social workers and case managers can provide assistance in obtaining required verifications.
- An individual may file an application for PAA, whether potentially eligible or not.
- J. An individual applying for PAA may choose any person during any aspect of the application process to assist him/her.
 - Applicants who do not speak English or have limited English proficiency, including deaf or hard of hearing applicants, must have access to an

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interpreter. The local department is responsible for providing the interpreter.

The interpreter may be:

- a. A local department staff member;
- b. Language Line or other telephone interpretation service;
- c. A sign language interpreter;
- d. An individual designated by the applicant, or
- e. An individual outside the agency who is proficient in the customer's language.
- 2. An interpreter cannot be a minor child.
- K. Family Investment case managers must guarantee that customers with disabilities have the same opportunity to fully benefit from every program aspect as customers without disabilities. We must provide **meaningful access** to our programs by offering reasonable accessibility, accommodations, auxiliary aids, communications, and services.

200.2 Application Form

The applicant files for assistance on DHS forms or forms specified by the local department and approved by DHS.

- A. The application process starts with an application containing, at a minimum, the applicant's name, address, and signature (or signature of the applicant's authorized representative).
- B. The LDSS may use the DHS/FIA CARES 9711 Request for Assistance Form, the DHS/FIA CARES 9702 Eligibility Determination Document for One Person, and a 9707 Rights and Responsibility Form, or the DHS/FIA 9711A Request for Assistance Short Form after the case is screened.
 - A local department staff member stamps the date the application is received to record the filing date, and
 - 2. The filing date must be recorded if the minimum information is completed, but the local department can have applicants complete all the information on the Short Form.
- C. Generate the rest of the application from the data entered into CARES during the interview. Have the applicant or his or her authorized representative sign the Rights and Responsibility document.
- D. The applicant or authorized representative signs the system generated application at the end of the interview.

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E. The case manager must capture voter registration information and provide all applicants/recipients an opportunity to complete a voter registration form.

Note: Use the Paper Application Package when CARES is not available.

- F. Accept all applications during the local department's normal business hours.
- G. The basic components of the application process are the same in each local department, but the forms and sequence may differ. Basic forms are:
 - 1. A signed and completed application from the customer/representative. (Either a system-generated eligibility determination document (EDD), or a paper application (DHS/FIA 9711, 9702 or 9701)
 - 2. The Representative Payee Agreement form (Section I of the DHS/FIA 4350 rev 10-2013), if needed
 - The Medical Report form (Section III of the DHS/FIA 4350 rev 10-2013) for all applicants applying for PAA in an Assisted Living facility or applying for Social Security Benefits (SSI or SSDI)
- H. The application must include a statement of the type of care:
 - 1. Assisted living,
 - 2. CARE Home (Project Home), or
 - Rehabilitative residence.
- I. For CARE Homes the application must include the level of care required:
 - Level A minimal supervision;
 - 2. Level B moderate supervision;
 - 3. Level C extensive supervision, or
 - 4. Level D specialized and intensive supervision.

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200.3 Interview

If possible, the individual applying for PAA should be interviewed by telephone or face to face.

- A. The local department may waive the requirement for an interview because of the applicant's physical or mental condition or other hardship.
- B. A hospital case manager (or other person knowledgeable about the applicant's physical or mental condition) may advise the FIA worker that a customer cannot participate in an interview.
- C. Applicant interviews may be on the day the application is filed.
- D. If same-day service is not possible, offer the first appointment on the next available business day.
- E. The applicant, an authorized representative, or someone acting responsibly for the applicant when that person is physically or mentally incapacitated, signs the application under penalty of perjury.

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200.4 Verification of Information

- A. The case manager must verify the following PAA eligibility factors:
 - 1. Countable income
 - a. Verify application has been made for all potential sources of income.
 - b. If the applicant is not receiving Social Security, SSI, or other cash benefits for which potentially eligible, verify that it is through no fault of his or her own.
 - c. Verify the receipt and amount of SSI via the State Verification Exchange System (SVES), the State On-Line Query (SOLQ), or the State Data Exchange (SDX). The SDX also contains information on the amounts and sources of a beneficiary's income other than SSI.

Note: When excluding income provide narration to support the exclusion.

- 2. Countable assets
- 3. Social Security Number
- 4. Immigration status of noncitizens
 - Use SAVE to verify status of each noncitizen
 - Send immigrants without current documentation to INS
 - Do not make direct contact with INS unless specifically requested to do so by the immigrant and all regular sources of verification have been exhausted
- B. The case manager may require verification for questionable information.
- C. Give the customer verification requests in writing.

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- D. The case manager, during the interview:
 - 1. Specifies what verification is needed
 - 2. Discusses ways to obtain the verification
 - 3. Discusses acceptable optional verifications
 - 4. Sets a deadline to return verification, giving at least 10 days, and
 - 5. Confirms that the customer can obtain the verification
- E. The applicant or customer is responsible for obtaining verification
 - 1. The case manager assists in obtaining the necessary verification if the individual is:
 - a. Physically or mentally incapable of meeting the requirement, or
 - b. Lacks the resources to meet the requirement, and
 - c. Needs the case manager's assistance to meet the deadline.
 - 2. The case manager will not limit acceptable proof to a specific document when an eligibility factor can be verified in more than one way.

200.5 Medical Assistance

- A. All PAA recipients are eligible for Medical Assistance. Certification is made in the Federal category regardless of whether the individual is receiving SSI.
- B. Medical Assistance begins the first day of the month that the customer is determined eligible for the PAA grant.

200.6 Medicare Part B Coverage

- A. Disabled customers may also be eligible for Supplementary Medical Insurance Benefits (SMIB), also known as Part B of Medicare.
- B. This program carries with it a premium per month and is administered by the Social Security Administration (SSA).

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- C. The State pays the premium for Medical Assistance recipients through the State Buy-In program. The DHMH Buy-In Unit monitors for Medicare B coverage by SSA and pays the premium.
- D. For the most part, disabled customers who also receive Social Security are eligible for SMIB and Buy-In within two years of the onset of their disability.

200.7 Assistance Unit

- A. A PAA assistance unit always consists of **one** person.
- B. When a married couple applies for PAA, establish two separate cases.

200.8 Non-Discrimination

- A. A local department may not discriminate against any applicant or customer of Family Investment programs on the grounds of:
 - 1. Race
 - 2. Color
 - 3. National origin
 - 4. Gender
 - 5. Age
 - 6. Marital status
 - 7. Mental or physical disability
 - 8. Religious or political affiliation
- B. Based on the grounds listed in A, the local department may not:
 - 1. Deny benefits and services;
 - Subject an individual to segregation or separate treatment;
 - Restrict the individual from any advantage or benefit of the program, or
 - 4. Treat the individual differently in determining if eligibility requirements are met.
- C. An individual may file a written complaint setting forth the circumstances of the alleged discrimination with any of the following:
 - 1. Secretary of DHS

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- 2. Equal Opportunity Officer in the DHS Office of Employment and Program Equity
- D. DHS investigates promptly and informs the complainant of its findings within 60 days.
- E. The case manager will:
 - 1. Tell customers about their right not to be discriminated against and include this information during the application and recertification process
 - Assist applicants and customers who want to file a complaint of discrimination.

200.9 Confidential Nature of Records

- A. Safeguard information about applicants and customers, keeping it confidential unless disclosure of the information is specifically permitted.
 - 1. Local departments must have written procedures for the maintenance of case files and the removal and return of information to case files.
 - 2. Safeguard information from other state or federal agencies in accordance with procedures established by the local department or the State.
 - 3. When information can be disclosed, the individual receiving the information must also agree to keep it confidential and use the information only for the intended purpose.
 - 4. When information cannot be disclosed, the local department or State agency cannot acknowledge whether any records exist or whether the individual is known to the agency.
- B. The case manager gets the consent of the applicant or customer to request verification from an outside source, unless it is needed for administrative purposes such as fraud or overpayment documentation.
 - Inform the applicant, orally, and with specific review of Form 9707 or the attachment to application forms, that a signature on the application:
 - a. Includes consent for the local department to obtain information from other sources.
 - b. Allows the local department to use social security numbers to match the records of other agencies, organizations, and businesses.

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2. Limit all requests for information to those that are needed to determine eligibility.

Note: Some agencies, businesses, and organizations may require a consent form specific to themselves before releasing information. When this occurs, obtain the customer's specific written consent or refer the individual to the outside source to give consent.

200.10 Information Release Without Consent

- A. Information <u>may be</u> released without the individual's consent in the following circumstances:
 - 1. There is a court order
 - a. A subpoena is not a court order
 - b. If a subpoena is received:
 - i. Contact the local department's attorney, or if not available, DHS's Office of the Attorney General, at 410-767-7726.
 - ii. The attorney will:
 - Determine if Article § 88A, Annotated Code of Maryland, allows disclosure without a court order
 - Call the courts and request permission not to comply
 - Request a court order if required
 - Advise Family Investment staff of the decision and any required actions
 - 2. Local, State, or Federal officials are pursuing an investigation of any program violation.
 - 3. Local, State, or Federal officials or employees require the information for the administration of the program.
 - 4. A volunteer or contractor of a State or Federal agency, who has signed a written agreement to abide by State and Federal confidentiality laws and regulations, requires the information for administration of the program.

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5. A Federal, State, or local law enforcement officer presents the name and social security number of a fugitive felon along with an arrest warrant that establishes the individual as a fugitive felon.

200.11 Case Transfer

- A. Transfer a case when the family moves from:
 - 1. One county to another within Maryland, or
 - 2. One district office to another within a county or within Baltimore City
- B. Customers are responsible for notifying the case manager of the customer's intent to move to another jurisdiction prior to the actual move.
- C. The clearinghouse worker:
 - 1. Sends a message to the receiving jurisdiction of the pending case transfer.
 - 2. Keys in the new local department or district office on CARES.
 - 3. Completes the case transfer when appropriate.
- D. Prior to transferring a case, supervisors, lead workers, or an agency designated reviewer MUST:
 - 1. Complete an assessment of the case readiness for transfer, including documentation and narration that supports the eligibility decision.
 - 2. Assure that, to the extent possible, all outstanding work is done prior to the transfer.
 - 3. Review each case to be transferred for:
 - a. Outstanding alerts process, if possible, or transfer
 - 3/4 Alerts assigned to the IRN# (Client ID#) must be manually transferred to the new case manager. Those that are assigned to the AU# will transfer with the case.
 - b. Date the next recertification is due.
 - c. An INITIATED recertification on CARES TRY to complete recertifications already initiated on CARES before transferring.

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- Retain automated scheduling of recertification appointments. To achieve this, it is necessary to transfer a case regardless of where it is in the cycle.
- 4. Make sure the new address is entered into CARES
- E. The paper record, with the Case Record Transfer Form attached to the front, is sent by certified mail to the new jurisdiction within 5 working days of the CARES transfer.
- F. The designated person in the receiving agency must review the case for:
 - 1. Any outstanding alerts
 - 2. Date the next recertification is due
 - 3. A recertification that has been initiated, but not completed
- G. If a customer moves and notifies the new agency office without having notified the prior office, the new agency is responsible for taking action to provide services
 - 1. May include contacting the former jurisdiction
 - 2. Call the CARES Help Desk for technical assistance if needed
- H. If the PAA recipient moves into a living arrangement other than another licensed Assisted Living home, certified CARE home or Rehabilitative Residence, close the case.